

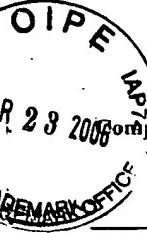
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03/24/2006 HDEMESS2 00000013 09800153

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Complete and send this form, together with applicable fee(s), to: Mail

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34232 7590 12/30/2005

MATTHEW R. JENKINS, ESQ.
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 DAYTON, OH 45419

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<i>Barbara J. Huff</i>	(Depositor's name)
<i>3-23-2006</i>	(Signature)
(Date)	

APPLICATION NO.	FLILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/800,153	03/05/2001	Gregory A. Sims	SIMSG 01-01.PA	4533

TITLE OF INVENTION: INTEGRATED PEST PREVENTION SYSTEM

Refund Ref:
 03/24/2006 0030030167

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	Refund	Total FEE(S)	DATE DUE
nonprovisional	YES	\$700	\$300		\$1000	03/30/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
KIM, CHRISTOPHER S	3752	XXXXXX-XXXX2449

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 JACOX2 MECKSTROTH &3 JENKINS

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ADVANCED PEST CONTROL SYSTEMS, INC. SARASOTA, FLORIDA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Issue Fee \$ 1,000.00 | <input type="checkbox"/> A check in the amount of the fee(s) is enclosed. |
| <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) 700.00 | <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. |
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 Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Matthew R. JenkinsDate 3-16-06Typed or printed name MATTHEW R. JENKINSRegistration No. 34,844

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**JACOX,
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Fax

To: U.S. Patent & Trademark Office

From: Matthew R. Jenkins, Esq.

Fax: 571/273-2885

Pages: 4 including cover

Phone:

Date: 3/23/2006

Re: Issue Fee for
Serial No. 09/800,153

Docket MCY-FL 001 P2

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PTOL 85 Issue Fee Transmittal,

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JACOX, MECKSTROTH & JENKINS

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DOWNTOWN BRADENTON

1205 MANATEE AVENUE WEST
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March 16, 2006

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Serial No. : 09/800,153
Filed : March 5, 2001
Title : INTEGRATED PEST
PREVENTION SYSTEM
Inventor : Gregory A. Sims and Jeffrey M. Wolfson
Docket : MCY-FL 001 P2

Certificate of Facsimile
I hereby certify that this correspondence is
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By Barbara Huff

Barbara Huff
Signature

Sir:

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- Form PTOL 85 Issue Fee Transmittal is attached.
- The Commissioner is hereby authorized to charge any deficiency in the payment of the required fees or to credit any overpayment to Deposit Account No. 50-1287. (Should Deposit Account No. 50-01287 be deficient, please charge any further deficiencies to Deposit Account No. 10-0220).

Respectfully submitted,

JACOX, MECKSTROTH & JENKINS

By Matthew R. Jenkins
Matthew R. Jenkins
Reg. No. 34,844

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